

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-018833**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 70

**FILED APR 19 1963**

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b <u>9 yrs</u>	c. CITY OR TOWN <u>Nevada</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>519 W. Cherry</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Dudley</u> Middle <u>Danile</u> Last <u>Hamblin</u>		4. DATE OF DEATH Month <u>April</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/24/90</u>
9. AGE (last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>	
11. BIRTHPLACE (City and state or country) <u>Oscarola, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Danile Hamblin</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Dudley</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude Hamblin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes WWI</u>	
16. SOCIAL SECURITY NO. <u>13</u>		17. INFORMANT <u>#519 West Cherry Street, Nevada</u> <u>Maude Hamblin, Nevada, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Failure</u> DUE TO (b) <u>Acute Pyelonephritis</u> DUE TO (c) <u>Tabic Bladder ( Cystotomy tube)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tabic Bladder ( Cystotomy tube)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>2 weeks</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>6:15</u> a.m. <u>PM</u> Month, Day, Year <u>Nov. 1953</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Moore Bldg., Nevada, Missouri</u>	
20f. CITY, TOWN, OR LOCATION <u>Bronaugh</u>		COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>Nov. 1953</u> to <u>April 8, 1963</u> and last saw him alive on <u>April 8, 1963</u> Death occurred at <u>Nevada, Mo.</u> <u>6:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. B. Wray, M.D., F.I.C.S.</u>	
22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>		22c. DATE SIGNED <u>4/15/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/10/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Worsley Cem.</u>		23d. LOCATION (City, town, or county) <u>Bronaugh, Mo.</u>	
24. FUNERAL DIRECTOR <u>Richard L. Shorten, Nevada, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 22 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lloyd C. McLeod*

Licensed Embalmer No. 4853

P. O. Address

*Florida, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.